

| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |        |                          |        |                           | Application Number<br><b>108160220</b> | Filing Date |
|--|----------|--------|--------------------------|--------|---------------------------|--|-------------|
|  |          |        |                          |        |                           | Applicant(s)                           |             |
| * May be used for additional claims or amendments  |          |        |                          |        |                           |  |             |
| CLAIMS   | AS FILED |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |  |             |
|  | Indep    | Depend | Indep                    | Depend | Indep                     | Depend                                 |             |
| 1  |          |        |                          |        |                           |  |             |
| 2  |          |        |                          |        |                           |  |             |
| 3  |          |        |                          |        |                           |  |             |
| 4  |          |        |                          |        |                           |  |             |
| 5  |          |        |                          |        |                           |  |             |
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| 7  |          |        |                          |        |                           |  |             |
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| 12   |          |        |                          |        |                           |  |             |
| 13   |          |        |                          |        |                           |  |             |
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| 15   |          |        |                          |        |                           |  |             |
| 16   |          |        |                          |        |                           |  |             |
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| 38   |          |        |                          |        |                           |  |             |
| 39   |          |        |                          |        |                           |  |             |
| 40   |          |        |                          |        |                           |  |             |
| 41   |          |        |                          |        |                           |  |             |
| 42   |          |        |                          |        |                           |  |             |
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| 44   |          |        |                          |        |                           |  |             |
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| 46   |          |        |                          |        |                           |  |             |
| 47   |          |        |                          |        |                           |  |             |
| 48   |          |        |                          |        |                           |  |             |
| 49   |          |        |                          |        |                           |  |             |
| 50   |          |        |                          |        |                           |  |             |
| Total<br>Indep   | 2        |        |                          |        |                           |  |             |
| Total<br>Depend  |          | 1      |                          |        |                           |  |             |
| Total<br>Claims  |          |        | 3                        | 7      |                           |  |             |
| Total<br>Claims  |          |        |                          |        | 3                         | 7                                      |             |

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